

BEST AVAILABLE COPY-

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>151537665</i>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	/						53							
4	/						54							
5	/						55							
6	/						56							
7	/						57							
8	/						58							
9	/						59							
10	/						60							
11	/						61							
12	/						62							
13	/						63							
14	/						64							
15	/						65							
16	/						66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/						TOTAL IND.							
TOTAL DEP.	/						TOTAL DEP.							
TOTAL CLAIMS	/						TOTAL CLAIMS							